

HAMILTON COUNTY COMMUNITY CORRECTIONS

RESIDENTIAL HANDBOOK

18104 Cumberland Road
Noblesville, Indiana 46060

Administration (317) 776-9760

Location Change (317) 776-9861

Fax (317) 776-9764

*“Where Change is a Choice and
Accountability is a Guarantee”*

Dear Participant:

As a result of a court order, you have been placed in our residential level of supervision. We both share the same goal - for you to satisfactorily complete your sentence and return to the community as a responsible and productive citizen. Our agency operates on the premise that every participant has the potential to achieve that goal. It will not be easy, and your time on the residential level of supervision will be filled with challenges, but we believe that you can accomplish this, or the court would not have placed you in this level of supervision.

During your placement in our residential level of supervision, you can expect agency personnel to assist you in this effort by prioritizing your participation in services that address treatment and education needs identified during the development of your treatment plan. These services will support you and increase the likelihood of you successfully completing your sentence. This level of supervision has many rules and guidelines, all of which are designed to guarantee accountability and encourage a change in negative behavior. Our expectation is that you attend all required treatment and education programs, that you abide by the rules and guidelines, and that you demonstrate the desire and put forth the effort required to change your behavior.

The following material, along with your contract, outlines the rules, guidelines, and behavior that are expected of our participants. Our personnel will explain the following information to you during the intake process, and you are encouraged to ask questions. It is recommended that you keep this material and review it carefully.

If you have any questions, do not hesitate to contact a member of our agency.

Respectfully,

Ralph B. Watson
Executive Director

HAMILTON COUNTY COMMUNITY CORRECTIONS

Vision

As leaders in the rehabilitation of program participants we will change behaviors using innovative approaches that enhance personal growth.

Mission

We provide cost effective, treatment focused programs incorporating evidence-based practices that generate positive change in participants.

Hamilton County Community Corrections
18104 Cumberland Road
Noblesville, Indiana 46060
(317) 776-9760
FAX (317) 776-9764

RESIDENTIAL PROGRAM CONTRACT

NAME: _____ **CAUSE NUMBER:** _____

BEGINNING DATE: _____ **PROJECTED RELEASE DATE:** _____

D.O.B.: _____

LENGTH OF SENTENCE: _____

CHARGE: _____ **FELONY MISD CLASS** _____

CIRCLE ONE: COP DIR. COM. VOP EXE. SENT. S.S. CTP DRUG COURT

SPECIFIC CONDITIONS OF THE RESIDENTIAL PROGRAM

- ____ 1. I, _____, agree to comply with the special conditions stated in this contract, in addition to the Standard Rules of Probation. I am signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court and/or Probation Department.
- ____ 2. I understand that in addition to the Judicial review, I will also be subject to administrative disciplinary action for failure to follow the Residential Program Disciplinary Code and Sanctions. I am subject to loss of privileges, loss of earned credit time, and additional in-house details as stated in the above Code.
- ____ 3. I understand that while on the Residential Program I will be under the supervision of Hamilton County Community Corrections and subject to all rules and regulations of that Program.
- ____ 4. I will cooperate with and truthfully answer all reasonable inquiries of Community Corrections personnel.
- ____ 5. I understand that violation of the order for the Residential Program may subject me to prosecution for the crime of escape under I.C. 35-44.1-3-4.
- ____ 6. I understand that I am not to commit any law violations resulting in a new arrest or summons to Court while on the Residential Program. Failure to obey all Municipal, County, State, and Federal laws may result in termination from the Residential Program and the immediate filing of a violation. I understand that I am not to violate any term of a license suspension and/or any restriction of a license.
- ____ 7. I understand that my residence while on the Residential Program shall be the Hamilton County Community Corrections facility unless otherwise ordered by the sentencing Court.
- ____ 8. I understand that while on the Residential Program I will have no contact with anyone on Probation/Parole unless granted permission by Hamilton County Community Corrections.
- ____ 9. I understand that while on the Residential Program, I will immediately remove myself from the presence of anyone performing an illegal act. I shall immediately notify Hamilton County Community Corrections of the incident.
- ____ 10. I understand that I am not to possess or use any firearm, destructive device, or other dangerous weapon unless granted written permission by Hamilton County Community Corrections.

- ____ 11. I agree to allow the Hamilton County Community Corrections personnel to make reasonable inquiry into my activities. I agree to waive my right against search and seizure and permit Hamilton County Community Corrections or any law enforcement officer acting on behalf of Hamilton County Community Corrections to search my person, motor vehicle, or any location where my personal property may be found to ensure compliance with my conditions of the Residential Program.
- ____ 12. A. I will not consume or possess, on my person or in my vehicle, any alcohol or controlled substance (illegal drug) unless I can prove that I have a valid prescription issued by a licensed physician. I will submit to drug and alcohol tests immediately upon request. Failure to submit to a test or tests will be considered an admission of guilt. I understand I have two hours from the time notified to produce a urine specimen for drug testing. I will be responsible for the cost of said tests.
- ____ B. I will not use or consume any illegal drugs, controlled substances, hemp, hemp products, or extracts. I will not take any drugs unless I possess a current and valid prescription from a legally-licensed physician.
- ____ C. I will not consume anything containing alcohol, including but not limited to an alcoholic beverage. I will not take medication containing alcohol in it (i.e., liquid cold medicine, cough syrup, or medicated mouthwash).
- ____ D. I will not be in the company of anyone that is using or possessing alcohol or illegal drugs.
- ____ E. By signing this contract, I waive any objection to the admissibility of the results of the test as they are received by the Court into evidence at any Revocation Hearing. Any attempt to dilute, substitute, or alter a direct and immediate urine sample to mask the results will be deemed a violation. I will be responsible for the payment of the cost of said test.
- ____ 13. I agree to sign a release of information for Hamilton County Community Corrections.
- ____ 14. All Residential Program participants are required to provide verification of work hours and treatment attendance on a weekly basis or upon request. Failure to do so may result in termination from the program. Weekly schedules once approved by Hamilton County Community Corrections personnel may only be changed for the following reasons:
- ____ A. Medical Emergency: The Resident must contact Hamilton County Community Corrections as soon as possible to inform personnel as to the nature and extent of the medical emergency. Failure to notify Community Corrections may result in a violation being filed with the Court and/or Probation Department.
- ____ B. Change in work/treatment hours: At times your employer may request you work over or shorten your hours due to more or lack of work. You are required to inform Hamilton County Community Corrections personnel at the first opportunity of these schedule changes to receive necessary approval. Failure to do so may result in your removal from the Residential Program and the filing of a violation with the Court and/or Probation Department.
- ____ 15. I understand that I will not work more than two (2) jobs or no more than sixty (60) hours in any one week, unless approved by the sentencing Court. I will also be limited to working no more than six (6) days a week and twelve (12) hours a day. Scheduled hours are to be provided to Hamilton County Community Corrections at a time arranged by them. I understand that Hamilton County Community Corrections is the only agency that may approve any work schedule and/or changes in my work schedule. I understand that any schedule change requires 24 hour notice, excluding weekends and Holidays.
- ____ 16. I agree to allow Hamilton County Community Corrections personnel to monitor my employment by examining my timecards, contacting my supervisor, and conducting worksite visits. I shall authorize my employer to release all records and information requested concerning my hours of employment, attendance on the job, duties of employment, reporting and dismissal times, and such other information as may be requested by Hamilton County Community Corrections.

- ____ 17. I understand that I will not be permitted to work on certain holidays unless I have written confirmation from my employer that I am scheduled to work these holidays. I also understand that I will only be permitted to work these holidays if I can be contacted by telephone at my place of business.
- ____ 18. I understand that I am responsible for all my transportation needs while on the Residential Program. All transportation arrangements must be approved by Hamilton County Community Corrections.
- ____ 19. I agree to travel in a direct route to and from my place of employment or any other permitted destination without making any stops or "side trips" and to have no unauthorized passengers in my vehicle. "Side trips" are defined as any deviation in the normal route of travel to and from the facility.
- ____ 20. I understand that if I am released from work early at any time, I will immediately notify Hamilton County Community Corrections and return directly to the facility with no "side trips" and/or stops. I also understand that if work is canceled at any time, I will immediately notify Hamilton County Community Corrections and return directly to the facility with no "side trips" and/or stops. "Stops" are defined as any stop that a Resident makes at any location or business that has not been approved by Hamilton County Community Corrections.
- ____ 21. I understand that I am not to leave my place of employment or any other approved location without prior approval of Hamilton County Community Corrections.
- ____ 22. A. If I become unemployed during the term of my Residential Program sentence, I shall immediately notify my Field Services Coordinator. That Field Services Coordinator shall commence an investigation into the reasons for my unemployment and shall report the results of that investigation to the Director of Supervision Services of Hamilton County Community Corrections. During the time that this investigation is ongoing, I understand that I shall be permitted to continue to be released for the purpose of conducting an intensive job search.
- ____ B. If it is determined from the above investigation that my unemployment is for reason other than my own misconduct or poor work performance, then I shall be allowed to continue on the Residential Program under the following conditions:
- ____ 1. I must conduct an intensive job search which will require five (5) verifiable employment inquiries per weekday.
- ____ 2. I shall continue with Court and/or Community Corrections-mandated treatment.
- ____ C. If, however, it is determined from the above investigation that my unemployment was due to my own misconduct or poor work performance, then I understand that my Residential Program privileges shall be immediately suspended and a violation will be filed with the Court and/or Probation Department. Such suspension, however, may be stayed at the discretion of the Director of Supervision Services of Hamilton County Community Corrections if I have commenced acceptable employment before the Field Services Coordinator has completed the above investigation.
- ____ 23. I understand that I am required to pay for any medical services and/or care needed during my Residential Program sentence.
- ____ 24. I understand that I must be current in paying all Court costs, fines, restitutions, and child support.
- ____ 25. I understand that I will be charged an initial fee, a weekly fee, and other fees as approved by the Hamilton County Community Corrections Advisory Board. Payments will be made by cashier's check, certified check, or money order. **No cash or personal checks** will be accepted. Payments will be made at a time as determined by Hamilton County Community Corrections. I understand that failure to make payments as scheduled or departure from the program with a balance of payments in arrears may result in any or all of the following:
- ____ A. A violation may be filed against me with the Court and/or Probation Department.
- ____ B. The Court may enter a civil judgment against me in the criminal case for the amount of the arrearage.

____ C. I may be sued in civil court or subject to collection proceedings for the amount of the arrearage plus costs of the proceedings and attorney fees.

____ 26. I understand that Hamilton County Community Corrections has the authority to direct me to substance abuse treatment, school (if I do not have a high school diploma or high school equivalency [HSE]), counseling, or any other program that Hamilton County Community Corrections has determined to be appropriate for me to attend. Failure on my part to follow through on such directives may result in a violation being filed with the Court and/or Probation Department.

____ 27. I understand that Hamilton County Community Corrections can terminate my participation in this program without notice if I have any violations of the above conditions.

____ 28. Waiver of Extradition: If I leave the State of Indiana, with or without permission of Hamilton County Community Corrections or the sentencing Court, I understand that I waive (give up) my extradition rights and will voluntarily return to the State of Indiana.

____ 29. Special orders: _____

____ During my term in the Residential Program, if a determination is made that there is probable cause to believe that I have violated any of these conditions, I may be removed from participation in this program and may be incarcerated pending further Court determination. I further acknowledge that if the Court finds that I have violated any one of these conditions, the Court may, after a hearing, revoke the suspended sentence and impose any sentence it may have originally imposed, modify my conditions, or continue my placement.

____ This contract has been read and explained to me, and my signature below acknowledges that I have fully read and fully understand all terms and conditions of this contract. I further acknowledge that I have initialed each and every term of this Residential Program contract as I have read and understood each term. I further acknowledge that I have read and understood the Hamilton County Community Corrections Residential Program Handbook and agree to comply with all the rules and procedures set forth in it.

Residential Participant

Date

Community Corrections Personnel

Date

Judge

Date

Approved by AB 7/20/00
Effective 8/1/00
Revised 7/03/07
Revised 09/16/14
Revised AB 06/04/17
Revised 07/26/17
Revised 08/22/17

rescontract

ELECTRONIC RESIDENTIAL FORMS

In order to assist the participant, Hamilton County Community Corrections has several electronic forms to be used to facilitate requests. It is important that the participant use the forms correctly and in the proper manner so that the appropriate person may review the requests. All questions should be first referred to the Living Unit Coordinators. Once reviewed by personnel, the forms are electronically returned to the individual participant for review.

Employment Record

This form is used to indicate the participant's place of employment. It must be completed and submitted to the Field Services Coordinator before the participant shall be permitted to leave for a job. This form needs to be completed for any additional jobs the participant may obtain or for any changes in the participant's employment. Hamilton County Community Corrections has the discretion to approve or deny a place of employment.

Weekly Schedule

This form is used to complete the participant's weekly work schedule and is reviewed by the designated Field Services Coordinator and Case Manager. This form is due no later than 8:30 a.m. on Friday for the following Monday through Sunday. It is important that the participant place all known information on this form. Any special requests (i.e., shopping, banking, doctor visits, counseling appointments, etc.) that are known should also be placed on this form with addresses, telephone numbers, and contact person where applicable. Any delay in submitting this form could cause a delay in the participant's release the following week. It is important that the participant plan ahead and includes *all* necessary information on this form when the participant submits it each Friday. Schedules cannot be submitted prior to Thursday for the following week.

Information Request

This form is used to give and request information to/from any agency personnel, requesting to make an appointment with agency personnel, relating any problems the participant may have within the facility, or for emergency requests. The request should be used only if an occurrence arises that is unexpected and not known at the time the participant submits the *Weekly Schedule*. Schedule changes are rare and require a minimum 24-hour notice. Agency personnel shall review the forms at 1:00 p.m., Monday through Friday, except holidays. Work-related issues should be directed to the designated Field Services Coordinator. Counseling, health, education, or personal issues should be directed to the designated Case Manager. Maintenance issues or telephone problems should be directed to the Operations Manager. Be sure to include activities for the entire day on this form as it shall replace your schedule for the day.

Medical Attention

This form is used for medical/dental appointments that were not known prior to the submission of the *Weekly Schedule*. Personnel review the forms at 1:00 p.m., Monday through Friday, except holidays.

Grievance

A grievance may be submitted by a participant to express concerns regarding an agency policy, facility condition, personnel misconduct, or as a response to access to medical care. A participant may submit a grievance without being subject to any adverse action. In the event that the participant is unable to write, agency personnel shall make arrangements for the participant to express their grievance. The grievance should be submitted on a *Grievance* form.

The Director of Administration should respond to the participant within ten business days of receipt of the grievance. The Director of Administration's response may be appealed to the Executive Director. Any such appeal must be filed in writing within five days of the receipt of the Director of Administration's response.

Administrative Hearing Appeal

The participant has the right to appeal the decision of the Hearing Officer, stating the specific reasons for the appeal, within ten business days from the receipt of the decision. All appeals should be submitted to the Director of Supervision Services using an *Administrative Hearing Appeal* form.

For an appeal to be considered you **MUST** demonstrate one of the following:

- 1) You were unable to exercise the right accorded to you as part of the hearing process;
- 2) The hearing officer exceeded the scope of their authority;
- 3) Additional evidence is available that was not at the time of the hearing.

NON-ELECTRONIC RESIDENTIAL FORMS

In addition to the electronic forms, there are several additional paper forms which residential participants may utilize as needed. Many of these require outside signatures or additional documentation.

Employment Contact

This form is used to verify employment searches. This form must have the company name, location, phone number, position sought, arrival and departure times, printed name and signature of the person spoken to, and results of the interview or job application. This form must be submitted upon return to the facility. Failure to complete the form entirely or to submit the form in a timely manner may result in the delay of future employment searches.

Restriction Waiver

This form is to be used to request additional employment hours over 60 hours a week, 12 hours a day, 6 days a week, or to work more than two jobs. Any requests by a participant should first be discussed with the Field Services Coordinator. This form is also to be used for funeral requests and hospital visits and shall be discussed with and submitted to a Case Manager for these purposes.

Support Group Report

Verification forms are used for documentation of participation in support groups for which the participant's Field Services Coordinator requires documentation. The participant must have the group leader sign and date the verification form. If the form is not signed, the participant could have release time reduced as well as receive a non-compliance.

Timesheets

Timesheets are verification of the participant's work hours. Every working participant must submit a timesheet for the previous week by 6:00 a.m. each Monday. Living Unit Coordinators shall compare the times on the participants' timesheets to that of the participants' daily activities. Timesheets are required to be signed by an employment supervisor.

Dietary Restriction Request

Participants who are in need of special meal trays for medical reasons must submit this form to the Operations Manager with accompanying doctor's statement. Those requesting a religious diet must submit this form to the Operations Manager by the 25th of each month for approval. Failure to do so shall result in discontinuation of the special tray

EM/RESIDENTIAL EMPLOYMENT CONTACT FORM

Participant: _____ Date: _____

This form should be taken on job search and signed by the person the participant has contact with at the place visited. The completed form shall be submitted to the Field Services Coordinator upon return from job search.

Company Name: _____ Phone Number: _____

Address: _____ Position: _____

Arrival Time: _____ Departure Time: _____

Person Contacted (print): _____ Signature: _____

Results: _____

Company Name: _____ Phone Number: _____

Address: _____ Position: _____

Arrival Time: _____ Departure Time: _____

Person Contacted (print): _____ Signature: _____

Results: _____

Company Name: _____ Phone Number: _____

Address: _____ Position: _____

Arrival Time: _____ Departure Time: _____

Person Contacted (print): _____ Signature: _____

Results: _____

Company Name: _____ Phone Number: _____

Address: _____ Position: _____

Arrival Time: _____ Departure Time: _____

Person Contacted (print): _____ Signature: _____

Results: _____

Company Name: _____ Phone Number: _____

Address: _____ Position: _____

Arrival Time: _____ Departure Time: _____

Person Contacted (print): _____ Signature: _____

Results: _____

Revised RBW 2/20/04

Reviewed 9/28/07

Revised 8/22/17

jobcontactform

**HAMILTON COUNTY COMMUNITY CORRECTIONS
RESTRICTION WAIVER**

Participant Name: _____ Cause Number: _____

Start Date: _____ Est. Release Date: _____

Level of supervision: ☐ Electronic Monitoring ☐ Residential

Check all that apply:

☐ I wish to work up to _____ hours per week. ☐ I wish to work more than 6 days per week.

☐ I wish to work more than 12 hours in one day. I wish to work _____ hours per day.

☐ I wish to work at more than 2 jobs.

☐ Other _____

Explain Request: _____

Participant's Signature

Date

TO BE COMPLETED BY COMMUNITY CORRECTIONS ONLY

For consideration for a Restriction Waiver approval, you must have all of the below-listed requirements. A supervisor may negate one or more requirement(s) with a detailed explanation.

☐ Maintained consistent employment for at least 45 days at _____

☐ Provided consistent electronic timecards and paystubs from your current employer.

☐ Remained in compliance with program rules and guidelines with no administrative hearing guilty findings higher than a level 3 for residential and higher than a level 1 for electronic monitoring.

☐ Demonstrated an effort to pay toward their outstanding balance.

The request is:

☐ Approved ☐ Denied

☐ Approved - SUPERVISOR OVERRIDE. The participant does not meet all of the requirements, but was approved due to:

Field Services Coordinator Signature

Date

Supervisor Signature

Date

Failure to maintain compliance with the above-listed requirements may result in revocation of this waiver.

Reviewed 9/28/07

Revised 08/21/17

Revised 03/01/18

Hamilton County Community Corrections
Support Group Report

Name: _____ I attended ____ AA, ____ NA, ____ Other

The Name and Location of the meeting: _____

Time: _____ a.m./p.m. Date: _____

Type of Meeting: ____ Open speaker, Speakers first name: _____

As a result of attending this meeting I discovered: _____

During the meeting I shared: _____

At this point, my feelings about this program are: _____

I, the undersigned secretary or meeting leader, to assist Hamilton County Community Corrections in their duties, hereby, certifies that the bearer has attended a regular meeting of Alcoholics Anonymous, or Narcotics Anonymous.

Signature: _____

Hamilton County Community Corrections
Support Group Report

Name: _____ I attended ____ AA, ____ NA, ____ Other

The Name and Location of the meeting: _____

Time: _____ a.m./p.m. Date: _____

Type of Meeting: ____ Open speaker, Speakers first name: _____

As a result of attending this meeting I discovered: _____

During the meeting I shared: _____

At this point, my feelings about this program are: _____

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Hamilton County Community Corrections
Support Group Report

Name: _____ I attended ____ AA, ____ NA, ____ Other

The Name and Location of the meeting: _____

Time: _____ a.m./p.m. Date: _____

Type of Meeting: ____ Open speaker, Speakers first name: _____

As a result of attending this meeting I discovered: _____

During the meeting I shared: _____

At this point, my feelings about this program are: _____

I, the undersigned secretary or meeting leader, to assist Hamilton County Community Corrections in their duties, hereby, certifies that the bearer has attended a regular meeting of Alcoholics Anonymous, or Narcotics Anonymous.

Signature: _____

EMPLOYMENT TIMESHEET

Employee

Employer

Date	Time In	Time out	Time In	Time out	Time In	Time out	Time In	Time out

SUPERVISORNAME (PRINTED)

SUPERVISOR SIGNATURE

SUPERVISORCONTACT
NUMBER

NOTE: Times must be annotated to reflect Lunch/Dinner breaks

DIETARY RESTRICTION REQUEST FORM

TYPE OF RESTRICTION (Please circle one):

MEDICAL

RELIGIOUS

Participant Name: _____ DATE: _____

If Medical Restriction, complete the following:

Name of physician ordering restriction: _____

Telephone number of physician ordering restriction: _____

Date restriction to begin: _____ Date restriction to end: _____

Proper documentation from the physician must be submitted with this request.

If Religious Restriction, complete the following:

Name of Religion: _____

List of foods not permitted on restriction:

Request for religious dietary restrictions must be submitted by the 25th of each month for the following month. Failure to follow this guideline shall result in the request being denied.

Community Corrections Only:

Approved

Denied (why: _____)

Hamilton County Sheriff's Department Food Service Notified on: _____

By: _____

Operations Manager

Original to file

Copy to HCJ food services

Copy to Operations Manager

Approved RBW1/8/08

Revised 08/22/17

Dietary restrictions

AUTHORIZED PROPERTY LIST

Participants shall be permitted to maintain only the types of property indicated below. Participants received from a jail, DOC facility or whom are unable to report to the facility with their personal property may have their personal property brought to the facility upon admission. The participant's personal property shall be inventoried. Any prohibited property identified shall be confiscated and itemized on at Seized Property Report and placed in the secure property room.

Participants are not permitted to receive property items via USPS, UPS, FedEx, etc. without prior approval from their assigned Case Manager or the Operations Manager. Items sent to Hamilton County Community Corrections through the mail that are non-communicative (clothing, hygiene items, food, jewelry, make-up, etc.) shall be refused and returned to the delivering agency.

It is the responsibility of the participant to ensure property allowances are not exceeded. Prohibited or excessive items shall be confiscated. Consumable items entering the facility must be in a **sealed non-glass/non-aerosol container**. Any item not listed must be approved in advance by the Operations Manager.

Any property which the participant brings into the facility and which the participant is permitted to keep shall be the participant's responsibility. The participant shall assume all liability for any property that is left in an unsecured location. Hamilton County Community Corrections shall not assume any responsibility for lost or stolen property that the participant has been permitted to maintain in his/her living unit or designated storage area.

Clothing	Conditioner (1) 25.4 Oz. Max
Belt (1)	Contact Lens Case (1)
Bras (5) - Female	Contact Lens Solution (1)
Pants/Shorts/Skirts (5)	Contact Lenses
Plastic Hangers (5)	Dental Picks (1 pack)
Shirts (5) - No Hoodies	Denture Adhesive (1)
Shoes (2 pairs)	Denture Cleaner (1)
Shower Shoes (1 pair) - Must Have	Dentures (1 pair)
Socks (5)	Deodorant (2)
Sweat Pants/Gym Shorts (2)	Disposable Razor (5)
Thermal Undershirt (1)	Eyeglass Case (1)
Thermal Underpants (1)	Eyeglasses (1)

Undershirts (5)	Facial Cleanser (1)
Underwear (5)	Facial Tissue (1pack)
Hygiene	Fingernail Clippers (1)
Anti-Bacterial Cream (1)	Hair Brush (1)
Comb (1)	Hair Dryer (1)
Hairspray (1) <i>Alcohol Free/Non-Aerosol</i>	Mesh Laundry Bag (1) <i>Must Have</i>
Lotion (1) <i>No Oil</i>	Padlock (1) if Keyed, Must Have 2 Keys
Mouthwash (1) <i>Alcohol Free</i>	Paper (2 Pads)
Shampoo (1) <i>25.4 Oz. Max</i>	Pencil Sharpener (1)
Shaving Cream (1) <i>8.4 Oz. Max</i>	Pencils (1 Box)
Shower Caddy (1)	Pens (2) <i>Blue or Black</i>
Soap/Body Wash (1) <i>25.4 Oz. Max</i>	Photo Album (2)
Toothbrush (1)	Playing Cards (1 Deck)
Toothbrush Holder (1)	Religious Articles
Toothpaste (1)	Religious Text (1)
Towels (3)	Rings (2)
Washcloths (3)	Sleeping Mask (1)
Female Hygiene	Stamps (1 Book)
Cotton Balls (1 Bag)	Watch (1) <i>No Smart Watches</i>
Curling Iron (1)	1st Floor Locker
Emery Boards (1 Small Pack)	Caps or Hats (2)
Make-Up (10 Items Total)	Coat (1)
Make-Up Remover (1)	Coveralls (2)
Tampons/Sanitary Napkins (1 Box)	Gloves (1)
Miscellaneous	Purse (1)
Address Book (1)	Wallet (1)
Batteries (4)	Rain Suit (1)
Battery or Wind-Up Clock (1)	Umbrella (1) <i>Small Folding Type</i>

Calculator (1)	Cell phone
Calendar (1) <i>Small</i>	Consumable Items
Correspondence	Coffee - Instant (2) <i>8 Oz. Max</i>
Drawing Pencils (1 Box)	Coffee Creamer - Powder (100 Packets or 12 Oz. Bottle Max)
Ear Plugs (1)	Instant Drink Mix (2) <i>24 Oz. Max Per Bottle or (20) Packets</i>
Earrings (2 pairs)	Salt/Pepper Shakers (1 Each)
Educational Materials <i>HCCC Programming</i>	Sugar Packets (100 packets Max)
Envelopes (1 Box)	
Headphones (1)	
Keys <i>Vehicle/Property Tote</i>	
Legal Papers (Current Commitment Only)	
Magazines/Publications (5)	

* - Work uniforms are not included in maximum property allowances.

Photographs, or any images, or depictions of nudity (exposed breasts, buttocks or genitalia), sexually explicit or sexually offensive material shall be prohibited.

The affixing of posters, photographs, paper, or other items to the walls, ceilings, floors, doors, windows, furniture, or storage boxes and the open display of photographs or any images, or depictions that would be offensive or threatening to other persons (including, but not limited to: gang symbols or depictions, racist or discriminatory materials), shall be prohibited

Unauthorized items are prohibited and shall be confiscated. Participants in possession of prohibited property will be subject to disciplinary action and/or a violation being filed with the sentencing court. Participants must immediately report the presence of prohibited property in the facility to personnel. If a participant discovers he or she has inadvertently brought prohibited property into the facility, personnel should be immediately notified in order to have the property removed.

Participants are not to alter any property from its intended use.

Participants are not permitted to give, loan or receive personal property to or from another participant.

Participants are permitted to go shopping for personal items once a month at a Noblesville location. **Items shall be restricted to hygiene items if there exists an arrearage of fees.** Shopping dates are scheduled according to the participant's living unit assignment and are indicated below.

Participants are also permitted to get a haircut at a Noblesville location during their designated shopping week; the Director of Supervision Services or designee must approve exceptions. Shopping and haircuts shall be scheduled in conjunction with the participant's work schedule. Field Services Coordinators shall only allow the actual time necessary for shopping. Allotted shopping time is a maximum of one hour per month.

Hamilton County Community Corrections will provide the following items to participants while in the Residential level of supervision. Participants are responsible to return the items clean and free of damage and may be charged for any damaged items.

1 Blanket	1 Spork
2 Sheets	1 Plastic cup
1 Mattress	1 Tote
1 ID card	

Shopping/haircut schedule:

First full week:	A&B Living Units
Second Week:	C&G Living Units
Third Week:	D&E Living Units
Fourth Week:	F&H Living Units

FACILITY GUIDELINES

1. Bunks, lockers and equipment shall be assigned by agency personnel and at no time may a participant change their assigned bunk, locker, or equipment without personnel approval.
2. Participants are prohibited from being on a bunk of another participant. Participants are also not permitted in another participant's locker/tote or any location where their personal property is located.
3. Participants are prohibited from leaving their assigned living unit without a Living Unit Coordinator's permission.
4. Participants must shower daily and practice good personal hygiene.
5. Bed linen shall be collected and laundered weekly. Blankets shall be exchanged monthly.
6. Living unit noise levels should not interfere with others who are making telephone calls or attempting to read or sleep. Living Unit Coordinators shall have the final determination as to the proper noise level.
7. Radios may not be used without headphones.
8. Living unit television privileges may be suspended at the discretion of a supervisor.
9. Quiet hours shall be from 11:30 p.m. to 6:00 a.m. Participants shall be in their bunks during these hours. The use of telephones, televisions, computers, washers/dryers, and microwaves during these hours is prohibited. There are to be no social gatherings or conversations during these hours.
10. Participants may not borrow the personal items of another participant.
11. Participants shall comply with the posted rules for use of the living unit intercom.
12. Personnel may search a participant at any time. A search of the participant's person shall be conducted each time he/she enters the facility. Living Unit Coordinators may request that shoes and socks be removed during this process. Any belongings the participant brings into the facility shall be searched.
13. Male and female participants shall not occupy the same area in the facility without supervision.
14. Participants are not permitted in unauthorized areas. Under no circumstances is a participant to enter any office space or any other unauthorized area unless personnel give them permission to do so.
15. Horseplay or other inappropriate conduct shall not be tolerated.
16. Participants are prohibited from possessing tobacco products (including electronic smoking devices), matches, or lighters while in the facility.
17. Participant mail shall be opened in the presence of personnel.
18. Participants are issued identification cards upon intake. These cards shall be used to clock in and out of the facility and shall be left at the processing desk while the participant is in the facility. Participants are required to carry this card on their person at all times while outside the facility and may be required to present the card in order to gain entrance to the corrections complex and/or facility. If a participant loses an identification card, they shall not be permitted to leave the facility until a new one is issued.
19. Participants are prohibited from leaving items unattended outside of the facility with the exception of items left in their means of transportation. They are not to hide items in the landscaping or other locations within the county corrections complex.
20. Participants having a valid driver's license shall park their vehicles in the lot directly in front of the building (north lot). A parking decal shall be issued to all drivers. Participants riding a scooter and/or bicycle shall be issued a parking decal.
21. Vending purchases shall not exceed three items per occurrence, per the incentives and sanctions matrix.
22. Participants are to respect the personal space of others. They should not physically touch another participant or agency personnel at any time.
23. Participants must address all agency personnel as "Mr." or "Ms."

24. Participants are not to provide false statements to any personnel.
25. Participants destroying county or agency property shall be held responsible for its replacement or repair. Criminal charges may be filed.
26. Participants shall be assigned a first-floor locker to store their coats, tobacco products, cell phones, purses, and any other items not permitted into the facility.
27. Participants are expected to complete required treatment/educational services. The treatment plan shall be reviewed with the designated Case Manager regularly, and participants shall be notified of any changes. Monthly progress reports from treatment and monthly verification of attendance at support group meetings is required.
28. Participants must work in Hamilton County or a county contiguous to Hamilton County unless a Restriction Waiver is approved granting an exception.
29. Participants are prohibited from working out of their home/home-office or their employer's home/home-office unless approved to do so on a Restriction Waiver.
30. Participants must obtain full-time (30 hours per week) employment within one week of the start of their initial employment search. One week after admission, unemployed participants shall perform three hours of in-house work detail and/or work crew unless they have a recognized disability. After two weeks, unemployed participants shall perform 15 hours of in-house work detail and/or work crew. After three weeks and each week thereafter, unemployed participants shall perform 30 hours of in-house work detail and/or work crew. The Operations Manager shall schedule all in-house work detail hours.
31. Participant transportation arrangements and any passengers must be approved during the initial intake. Any change after intake must be approved by the Field Services Coordinator.
32. In the event of an emergency, participants shall immediately follow all directions given by personnel. Participants must familiarize themselves with the location of emergency exits, facility intercom stations, and evacuation route maps. To report a fire, participants shall notify personnel or use the nearest intercom to contact the control center. In the event of an evacuation, participants shall be directed to an evacuation area outside of the facility. Participants must proceed directly to the evacuation area without stopping to gather personal belongings or asking questions. Participants shall remain in the outside area until they receive further instruction from personnel.
33. Participants shall at no time loiter outside Hamilton County Community Corrections. Upon returning to the premises, participants must immediately enter the facility.
34. Hamilton County Community Corrections has zero tolerance relating to gang activity within the facility. Gang activity or the wearing or possession of gang symbols is prohibited. Gang-related symbols, items, or materials shall be considered prohibited property and shall be confiscated.
35. Participants shall not be allowed to leave the building for any reason 30 minutes after approved leave time.
36. Any contact with law enforcement must be reported to the Field Services Coordinator/Case Manager.
37. Hamilton County Community Corrections may suspend release privileges for any participant that has a documented communicable illness and temperature above 100 degrees. The participant must be fever free without the use of fever-reducing medication for a period of 24 hours. The participant may be housed in medical isolation during this time period.

INCENTIVES AND SANCTIONS

Purpose: To establish a facility disciplinary code and sanctions and a schedule of incentives for positive behavior for the residential participants.

The objective is to develop reasonable rules and regulations that are designed to encourage participants to respect the rights of others. In addition, it is also designed to encourage the self-discipline and self-control that shall enable participants to return to society and live within accepted standards.

Participants are not subject to corporal or unusual punishment, humiliation, mental abuse, or punitive interference with the daily functions of living such as eating or sleeping.

P.R.A.I.S.E Cards- Problem Solving, Respect, Accepting Responsibility, Initiative, Skill Development and/or Empathy. Participants shall be recognized for demonstrating these pro-social behaviors (not applicable).

1. Case Managers shall issue the first set of incentive cards.
2. The participant shall be responsible for their individual card and shall keep the card in their *Phase Folder*.
3. Participants demonstrating one of the P.R.A.I.S.E elements shall be immediately verbally praised for the behavior and given the opportunity to receive a small tangible token. Personnel observing the behavior shall hole punch the incentive card.
4. Upon demonstrating six elements the participant may ask to redeem the incentive card for a larger incentive from the Incentive Closet. The participant may choose to work towards a larger incentive from their current phase.
5. Participants who misplace their incentive card shall be issued a new card, in sequential order, and shall start from the beginning in earning incentives.

Temporary Suspension of Release Privileges

1. Participants may have their release privileges suspended during the investigation of any alleged contract rule violation or any alleged violation of a court order if the supervisor deems that the participant's actions may be a threat to the safety of others or the participant is deemed a threat to abscond.
2. Participants may have their release privileges suspended for an alleged rule violation if the supervisor deems that the participant's actions may be a threat to the safety of others or the participant is deemed a threat to abscond.
3. Participants may have their release privileges suspended as the result of an administrative hearing. The suspension may be part of a sanction received, or it may be the result of the Hearing Board referring the alleged violation to the sentencing court.

INCENTIVES WITH PHASES

Orientation Phase

- Standard recreation time each week
- Vending privileges (three items max)
- Possession of AM/FM radio with headset
- Hamilton County Community Corrections special events with visitors

Treatment Phase

- Possession of electronic game/compact portable music device or miniature television (4-5 inches)
- Extra visitation privilege (Sunday 6-7pm)
- Extra vending
- Community/child(ren) activity (two hours one time a month)
- Movie and food delivery (Saturday night) may invite one adult (on visitation list) to attend
- Movie and food delivery (Friday night) may invite children (on visitation list) to attend
- Volunteer work, 4 hours maximum per month
- Attend outside religious service
- Shopping anywhere in Hamilton County

Maintenance Phase

- Community/child(ren) activity (four hours two time a month)

Participants shall advance one phase at a time beginning in the *Orientation Phase*. The time frame listed on the *Phase Checklist and Application* is approximate and unique to each participant. Participants in the *Maintenance Phase* who demonstrate behavior inconsistent with supervision rules may be reverted to the *Treatment Phase* for the duration of appropriate treatment.

RESIDENTIAL INCENTIVE GUIDELINES

Orientation

The purpose of the *Orientation Phase* is to familiarize the participant with the facility, guidelines and agency expectations.

1. Residential participants who are in the *Orientation Phase* are eligible for:
 - a. Standard recreational time
 - b. Standard vending privileges (three items max)
 - c. Possession of an AM/FM radio with headset
 - d. Attending Community Corrections special events. All visitors must be on the participant's approved visitation list.
2. Living Unit Coordinators shall make recreational periods and vending privileges available to the participants who qualify for this type of reward during the designated times.
3. Living Unit Coordinators shall permit participants who qualify for this type of reward to enter the facility possessing an AM/FM radio with headset.

Treatment

The purpose of the *Treatment Phase* is for the participant to become actively engaged in their case plan and develop the tools necessary to enhance personal growth and exhibit pro-social attitudes and beliefs.

1. The following requirements shall be met by those choosing to attend a community activity or an event for their child/children one time per month:
 - a. Participants must provide a list of all those who may attend the activity along with the name and location of the activity at least 72 hours prior to the requested date (not including weekends and holidays) on an *Information Request*.
 - b. Personnel may supervise the participant during the activity or event.
 - c. The activity must be in Hamilton County or a contiguous county.
 - d. A specific time frame of no more than 2 hours (not including travel time) shall be given and must be followed by the participant. The incentive request must begin and end at Community Corrections.
 - e. During this release time, the participant shall abide by all supervision rules and regulations.
2. The following requirements shall be met by participants choosing one additional hour of visitation time:
 - a. The additional visitation time shall be from 6:00 p.m. to 7:00 p.m. on Sunday.
 - b. Visitation policies must be followed as listed in the Residential Handbook.
3. The following requirements shall be followed by participants choosing to order dinner and view a movie with either an adult or child/children from the visitation list:
 - a. Movies shall be shown in the classrooms on Friday evenings (child/children) and Saturday evenings (adult) at times to be scheduled.
 - b. Dinner must be delivered by a public eating establishment.
 - c. The movie shall be selected by Hamilton County Community Corrections.
 - d. Equipment shall be provided by Hamilton County Community Corrections.
 - e. Once the movie and dinner is completed, the participants shall return to their living units in an orderly fashion.

- f. Drinks from the vending machines may be taken into the classrooms.
 - g. Following the movie, participants are responsible for cleaning the area.
 - h. If any of the above rules are violated, a Living Unit Coordinator may end the session.
4. The following requirements shall be followed by participants choosing to attend an outside religious service (maximum of 90 minutes, one time per week):
 - a. Travel arrangements and the name, address, and phone number of the church shall be submitted on the participant's *Weekly Schedule*. The church must be located in Hamilton County or a contiguous county.
 - b. The participant shall submit documentation (church bulletin, if available), signed by a service facilitator, and submit it as verification of attendance upon return to the facility.
 - c. Those convicted of a sex offense are unable to participate in this incentive.
 5. The following requirements shall be followed by participants choosing to perform volunteer work (maximum of four hours per month):
 - a. Volunteer work must be performed for a not-for-profit organization in Hamilton County or a contiguous county.
 - b. Travel arrangements and the name, address, and phone number of the location shall be submitted on the participant's *Weekly Schedule*.
 - c. Participants must provide documentation of volunteer work hours from the person supervising the hours worked.
 - d. Those convicted of a sex offense are unable to participate in this incentive.
 - e. Entities shall be approved at personnel's discretion.
 6. Participants in this phase may shop anywhere in Hamilton County at the Field Services Coordinator's discretion.
 7. If the residential participant chooses to attend a Hamilton County Community Corrections special event, it shall be scheduled as necessary, and visitors must be on the participant's approved visitation list.
 8. The following requirements shall be followed by participants choosing one additional hour of visitation time:
 - a. The additional visitation time shall be from 6:00 p.m. to 7:00 p.m. on Sunday.
 - b. Visitation policies must be followed as listed in the Residential Handbook.
 9. Approval to possess an electronic game, compact portable music device, or miniature television (four to five inches max, with headphones, battery-operated, without active wireless connection), must be obtained in advance from the Operations Manager or designee. Specific game systems may be denied due to safety and security reasons. Only five CD's and two game cartridges shall be permitted.
 10. If the residential participant chooses an extra vending privilege, it shall occur at 9 a.m. each day.

Maintenance

The purpose of the *Maintenance Phase* for participants is to utilize the skills learned and model pro-social behavior.

1. The following requirements shall be met by those choosing to attend a community activity or an event for their child/children twice a month:
 - a. Participants must provide a list of all those who may accompany them to the community activity or children's event along with the name and location of the activity at least 72 hours prior to the requested date (not including weekends and holidays) on an *Information/Request*.
 - b. Personnel may supervise the participant during the activity or event.
 - c. The activity must be in Hamilton County or a contiguous county.
 - d. A specific time frame of no more than 4 hours (not including travel time) shall be given and must be followed by the participant. The incentive request must begin and end at Community Corrections.
 - e. During this release time, the participant shall abide by all supervision rules and regulations

Sanctions Matrix

Level 5 offenses:	Sanctions: (post admin. Hearing)
Contract violations	Violation filed with court and/or probation
Commission of a crime	
Committing an assault or battery	
Sexual assault/sexual acts within facility	
Making sexual proposals or threats	
Habitual Conduct Rule Violator (three or more Level 4 offenses)	
Destroying, altering or damaging property	
Possession of a dangerous or deadly weapon	
Attempting to escape	
Participating in a riot or group demonstration	
Violating a restraining order	
One or more unaccounted-for hours of release time	
Refusal to submit to search of person/property	
Failure to follow administrative hearing directives	
Level 4 offenses:	Sanctions: (post admin. Hearing)
Possession of escape paraphernalia	Loss of up to 180 days good time credit
Tampering with security equipment or locking devices	Up to 20 in-house work hours
Counterfeiting, forging, or reproducing any official document	
Resisting or fleeing personnel	Suspension of outside privileges for up to one week (work inside facility as needed)
Participating in a work stoppage	And/or suspension of earned in-house privileges for up to 45 days
Failure to follow pay agreement	Programming if appropriate
Proposing a bribe to personnel	Written reprimand
Disorderly conduct	
Refusing to obey an order from personnel	
Side trip violation	
Late return, over 30 minutes	
Possession of a communication device or any device with activated wireless connection	
Habitual Conduct Rule Violator (three or more Level 3 offenses)	
Positive Urine Screen	
Circumventing security measures	
Possession of a device or substance designed or intended to be used to interfere with a urine screen	

Level 3 offenses:	Sanctions: (post admin. hearing)
Unauthorized contact with the public	Loss of up to 90 days good time credit
Possession, removal, transfer or relocation of someone else's property	Up to 20 in-house work hours
Fighting	And/or suspension of earned in-house privileges for up to 30 days
Tattooing or self-mutilation	Programming if appropriate
Abuse of mail or telephone privileges	Written reprimand
Threatening others with bodily harm	
Refusing in-house work details or assignments	
Unauthorized use or misuse of medication	
Violating visitation regulations	
Interfering with Community Corrections personnel in the performance of their duties	
Failure to attend scheduled meeting, appointment and/or program	
Participating in an unauthorized meeting or gathering	
Failure to follow schedule as approved	
Failure to call in location changes or calling in false location changes	
Failure to answer phone when outside facility and/or failure to return calls to HCCC	
Being in an unauthorized area	
Insolence, vulgarity or profanity toward personnel or visitors	
Habitual Conduct Rule Violator (three or more Level 2 offenses)	
Unauthorized use/operation of a motor vehicle	
Lying or providing false statements to personnel	
Being unemployed for more than 30 consecutive days	
Smoking where prohibited	
Possession of tobacco, tobacco products, or electronic smoking devices	

Level 2 offenses:	Sanctions: (post admin. hearing)
Failure to provide an acceptable urine sample within two hours	Up to 20 in-house work hours
Gambling, possessing gambling paraphernalia	And/or suspension of earned in-house privileges for up to 15 days
Possession of pornography	Programming if appropriate
Termination from employment for cause	Written reprimand
Using equipment when unauthorized or contrary to posted standards	
Being unsanitary or untidy in immediate living area	
Entering into a contract without approval of Case Manager and/or Field Services Coordinator	
Late return to the facility, up to 30 minutes	
Habitual Conduct Rule Violator (three or more Level 1 offenses)	
Level 1 offenses:	Sanctions: (infraction form or hearing)
Possession of contraband/prohibited property	Up to 10 in-house work hours
Failure to complete regular work assignments or incorrectly completing regular work assignments	And/or suspension of earned in-house privileges for up to 5 days to include vending, indoor recreation, media room privileges
Leaving more than fifteen minutes after scheduled release time	Written reprimand
Failure to follow Hamilton County Community Corrections handbook rules	
Failure to follow safety or sanitation regulations	
Open food or drink in bunk area	
Failure to follow dress code	
Using a radio without headphones	
Attaching materials to walls bunks	
Wearing headgear in facility	
Use of abusive or obscene language	
Failure to provide a locker combination or key	
Failure to provide necessary documentation	

FINANCIAL RESPONSIBILITIES

Participants shall pay their weekly fees in the following manner:

1. Fees are due two days following payday.
2. The participant shall include a trip to a bank or other location for the purpose of purchasing a money order or cashier's check on their *Weekly Schedule*.
3. Fees shall be paid by a money order, certified check, or cashier's check and shall also include a copy of the participant's pay stub and timecard. Fees can be paid to the receptionist during regular business hours or to the Living Unit Coordinator at the processing desk. Financial transactions other than fee payments are not permitted between agency personnel/volunteers and participants. Cash, personal checks, or credit/debit cards shall not be accepted. A receipt shall be provided upon payment.
4. Those participants wishing to be declared indigent must petition their sentencing court.
5. Those participants that have a fee arrearage of more than \$600 shall need to meet with their Field Services Coordinator weekly at a day and time arranged by the Field Services Coordinator.
6. Those not current paying their fees shall sign a pay agreement. If the pay agreement is not followed, a non-compliance report shall be filed, and the participant may receive disciplinary action and/or be referred to the court and/or Probation Department for further action.

Fee schedule:

Initial fee	\$100.00	
Weekly fee	25% of weekly gross income	(minimum \$105.00/week)
Urine screen fee	\$23.00	(additional costs may be incurred for specialty screens)
Misplaced ID	\$10.00	
Misplaced Token	\$5.00	
Misc Fees	\$2.00	(towels, sandals, personal hygiene bag)
Program fee	\$20.00	(in-house education/treatment programs)
TB test	\$20.00	

****You may also be charged a fee of \$150.00 for a CARE Assessment per state statute.**

LOCATION CHANGES

Participants may only change locations for the purposes of eating a meal at a public establishment in the general vicinity of their job location, changing job locations as a requirement of employment, or leaving work at a time other than scheduled. All other location changes must be approved in advance.

Example: If a participant is leaving his/her job location or leaving for a meal break, they must:

1. Call before leaving job location.
2. Call when arriving at the lunch location.
3. Call when leaving the lunch location.
4. Call upon arrival back to the job location.

Note: Location changes required by the participant's employment outside of Hamilton County or a contiguous county require prior approval of the Field Services Coordinator.

HOLIDAYS

Release privileges may be suspended during holiday periods due to security issues. The following holidays are subject to this procedure: Christmas Eve (after 6 p.m.), Christmas Day, New Year's Eve (after 6 p.m.), and New Year's Day. Participants shall be notified in writing of any other dates that would follow this procedure. Personnel shall use the following guidelines in determining who may work on designated holidays:

1. Those who work "in the field" or travel in the course of their workday shall not be permitted to work.
2. The participant must work at a stationary business location.
3. The participant must provide written verification of their work schedule from the supervisor at least one week prior to the holiday(s).
4. The participant must be able to be contacted via a landline telephone.
5. Field Services Coordinators shall have final discretion regarding schedule approval.

LIVING UNIT CLEANLINESS

Each living unit and bunk area is to be clean and neat in appearance at all times. The areas listed below should be used as a general guideline as to what the agency's expectations are concerning a clean and sanitary facility. Participants, per IC 11-12-5-1, shall be expected to perform regular housekeeping duties while at the facility. The living unit television shall not be turned on until the unit passes the daily inspections. Participants are required to report safety, security, maintenance, or sanitation concerns to the Operations Manager on an *Information Request* or to a Living Unit Coordinator if it is deemed an emergency.

Personal items/bunks

1. Bunks shall be made with sheets and blankets covering them. Blankets should be on top with corners tucked in and no wrinkles. Pillows should be placed at the head of the bed.
2. Totes and shoes should be placed under the lower bunk in a uniform manner.
3. Towels should be hung on the hook provided.
4. Excess items should be kept in the participant's tote or locker.
5. Clothes or other items should not be on the floor except for the tote and shoes.
6. Participants are responsible for the security of their own property. Keep all excess items in the locker or tote. Lockers and totes should be locked at all times. The participant must provide a combination or key for tote lock. Locks can be removed at any time and in any manner to inspect the contents. Items are not to be left under mattresses.
7. Only approved items are permitted into the facility, and it is the participant's responsibility to see that they do not exceed the permitted amount.
8. Empty containers or open food or drink containers should not be left in bunk area.
9. Chairs should not be in the bunk, shower or laundry area.
10. Items are not to be left plugged in to charge. Items may be plugged in during use and then returned to the participant's tote or locker.

Living Units

1. Toilets and sinks should be clean with no water or lime spots. Soap, toothpaste, etc. should not be left in sink area.
2. Showers should be dirt free with no water or lime spots. Shower curtains should be clean and have all ties on them. Personal items should not be left in shower area.
3. All areas including floors, ceilings, walls, windows, tables, and chairs must be kept clean and dust-free at all times.
4. Participants are to keep all four legs of the chairs on the floor at all times.
5. Items should not be hanging or attached in any manner to walls, ceilings, bunks, or lockers.
6. Microwaves should be cleaned after each use.
7. Bulletin boards should be neat and organized and contain no unauthorized postings.

Contraband found in any common area or dayrooms continually left untidy or unsanitary may result in living unit privileges being suspended for up to three days. These privileges can include: vending, television, recreation periods, and participation in rewards. If the living unit fails the weekly safety/sanitation inspection, the unit shall lose television privileges until the next inspection passed.

DRESS CODE FOR PARTICIPANTS

1. All participants are expected to be properly dressed at all times. At no time shall the midsection of the torso be showing or shoulders bare, and shorts/skirts cannot be shorter than six inches above the top of the kneecap. Clothing should not contain tears or rips that expose parts of the body or undergarments. Spandex and sports shorts are not acceptable.
2. Participants are expected to wear undergarments at all times in the facility except when in the immediate shower area.
3. When sleeping in their bunks, all participants shall wear clothing that covers their entire chest and pelvic region. At a minimum, sleepwear should consist of a t-shirt and gym trunks.
4. Headgear shall not be worn in the building or recreation areas. Exceptions may be made for those needing to cover their hair while sleeping.
5. Participant's clothing cannot display drug, alcohol, gang, pornographic, or racial overtones. Exceptions may be made for alcohol advertising if the resident's employer requires it as part of a uniform.
6. Participants are not permitted to wear tank tops or sleeveless shirts in the facility.
7. Participants must wear footwear at all times when not in their bunk. Stocking feet and sock style house slippers are prohibited.
8. Participants are prohibited from wearing body piercing jewelry with the exception of earrings.
9. All participant attire is at the discretion of agency personnel. If a participant is asked to change their clothing or remove jewelry, they are expected to comply.
10. Pants are to be worn at the waistline (no "sagging" pants).
11. Participants are expected to maintain proper dress to and from the shower area.
12. At no time are participants authorized to be in a state of undress outside of the shower area.

DRESS CODE FOR VISITORS

Individuals visiting with residential participants are expected to be properly dressed at all times. At no time shall a midsection of the torso be showing or the shoulders bare, and shorts cannot be shorter than six inches above the top of the kneecap. All clothing should be in good condition and not contain tears that expose parts of the body or undergarments.

1. Proper visitor attire is at the discretion of agency personnel.
2. Visitors with inappropriate attire during visitations shall immediately be asked to leave and may be subject to removal from the participant's visitation list.
3. Visitors are expected to wear undergarments at all visitations with participants.
4. Visitors' clothing shall not display drug, alcohol, gang, pornographic, or racial overtones.
5. Visitors shall wear footwear at all times.
6. Visitors and their property are subject to search at the discretion of agency personnel.

VISITATION RULES

1. Participants shall be allowed one 60-minute visitation period according to the following schedule:

A/B and D/E Living Units	1:00 p.m.-5:00 p.m., Saturday
C & G Living Units	1:00 p.m.-3:00 p.m., Sunday
F & H Living Units	3:00 p.m.-5:00 p.m., Sunday
2. Visitors are not to include victims or co-defendants in the instant offense. Persons with whom no contact orders are issued are not permitted to visit. Participants that are convicted of sex offenses are restricted to adult visitors.
3. A maximum of five adults and any children may be placed on the visitation list unless special approval is received by the Director of Supervision Services or their designee.
4. Individuals may be removed from the participant's visitation list if the agency believes there to be a threat to the security and/or safety of the facility or if the visitor violates or there is a reasonable belief he/she will violate the rules governing visitation.
5. Clothes, money, or other items shall not be accepted. Visitors shall not be allowed to give anything directly to or take anything directly from any participant.
6. Use of tobacco products or possession of food or beverages during visitation is prohibited.
7. A visitor must be able to provide two pieces of identification.
8. Each participant shall be allowed to receive no more than two adult visitors and any children (ages 12 and under) during a visitation period.

9. Visitors shall leave all bags, packages, purses, etc. outside in their locked vehicles or in the lockers provided in the lobby. Visitors may be searched at agency personnel discretion.
10. Visitors shall be refused admittance if personnel believe the individual is under the influence of alcohol and/or illegal drugs.
11. Following a visit, participants shall not exit the visitation room without the Living Unit Coordinator's permission.
12. All participants shall undergo a clothed body search prior to returning to their living units.
13. Participants shall have access to counsel and confidential contact with attorneys and their authorized representatives. Contacts may include telephone communications, uncensored correspondence, and visits.
14. Physical contact between adult visitors and participants shall be appropriate and brief, limited to a handshake/hug and at HCCC personnel discretion prior to entering the visitation room. No physical contact between adult visitors and participants shall be allowed once entering the visitation room.

MEAL PERIODS

Participants are provided meals if they are in the facility during meal times. Participants shall be issued three tokens to be used when placing meal orders. Each meal shall have a different colored token. The tokens are marked with the living unit/bunk number. Green tokens are for breakfast; yellow tokens are for lunch; and red tokens are for dinner. Participants must submit their tokens no later than 11:00 p.m. for the meals to be ordered the following day.

Participants who are in need of special meal trays for medical reasons must submit a *Dietary Restriction Request* form to the Operations Manager with accompanying doctor's statement. Those requesting a religious diet must submit a *Dietary Restriction Request* form to the Operations Manager by the 25th of each month for approval. Failure to do so shall result in discontinuation of the special tray.

Meals are generally distributed during the following times:

Breakfast	6:15 a.m. to 6:45 a.m.
Lunch	11:15 a.m. to 11:45 a.m.
Dinner	5:00 p.m. to 5:30 p.m.

Lunch and dinner meals shall be held for participants under the following circumstances:

- Lunch shall be held if a participant is not in the facility during the designated meal period but has submitted the assigned token and desires to eat upon their return to the facility.
- Dinner shall be held if the participant has received their lunch meal at the designated meal period and then is out of the building on an approved schedule and shall be returning.

Living Unit Coordinators shall take all meal tokens and write infraction forms for meals not retrieved by participants. These participants shall be given one work hour to complete. If the participant receives three or more infraction forms, a non-compliance report shall be written for a Level 2 offense, "Habitual Conduct Rule Violator (three or more Level 1 offenses)." If the participant receives a Level 2 offense, they shall appear before the Administrative Hearing Board for disposition and may receive other disciplinary actions.

The only food or drinks allowed into the facility must come through scheduled meals or vending. Participants may be allowed additional items with the approval of the Operations Manager or designee.

MEDICATION/HEALTH GUIDELINES

1. All prescription medication must be submitted and recorded by the on-duty medication officer. Prescription medications shall only be accepted if in the original bottle, the label is legible, and the full prescription amount is present (participants are not authorized to take any medication before it is submitted and recorded by HCCC personnel). Sample medications shall not be permitted into the facility unless the participant has a valid prescription with the medication.
2. All prescription medication must be delivered by the on-duty medication officer unless otherwise approved on an *Information Request*.
3. Medications shall be delivered by the Living Unit Coordinators at **approximately**:
 - a. 7:00 a.m.
 - b. 3:00 p.m.
 - c. 10:00 p.m.

Participants are required to have their doctors write orders for their medications to be delivered at these times. **Medication shall only be delivered at these times.**

4. Participants may take necessary medication with them when they leave the facility. However, the participant must provide an additional labeled prescription bottle in order to take medication with them out of the facility. This second bottle must be returned to the Living Unit Coordinator when the participant returns to the facility. Please refer to signs posted in the facility regarding when to notify a Living Unit Coordinator of the need for medications to take outside of the facility. Participants who are job searching during medication times shall not be permitted to take to-go medications.
5. Non-prescription medications are available in the facility vending machines. Only the following additional medications may be allowed into the facility: non-dosage medications (i.e., creams/foams/solids, nitroglycerin, inhalers), a multi-vitamin, vitamin B-6, vitamin E, vitamin C, non-medicated eye drops, and calcium with vitamin D with prior approval from the Operations Manager or designee. “Over-the-counter” medications not accompanied by a prescription or physician’s order may be introduced after being approved by the Operations Manager in writing. Other “over-the-counter” medications may be approved by the Operations Manager on a case-by-case basis. The Operations Manager shall determine if “over-the-counter” medications that are accompanied by a prescription or physician’s order shall be secured in the medical room or allowed to be with the participant in the living unit. Bodybuilding supplements are not permitted.
6. Participants have access to medical, dental, and mental healthcare services as needed (see Electronic Residential Forms section). If emergency healthcare is needed while inside the facility, the participant should contact the Living Unit Coordinator who shall call an ambulance if deemed necessary. If emergency healthcare is needed outside the facility, the participant should proceed to the closest emergency medical facility and call the agency as soon as possible. Otherwise, participants are responsible to schedule their own appointments with a local doctor, dentist, or mental health professional at their earliest convenience.
7. Participant medical files shall be kept confidential, and personnel practice universal precautions at all times. Tuberculosis screening is required every six months, and participants may be referred for testing for other communicable diseases.

8. Use of participants in medical, pharmaceutical, or cosmetic experiments is prohibited. The Executive Director may make an exception for an individual based on the need for a specific medical procedure that is not generally available.

PARTICIPANT RELEASE

Date and time of release

Participants shall be notified of the date of their release, generally within five days of reporting to Hamilton County Community Corrections. Officially, the participant's time of release is 11:59 p.m. on the release date. However, Hamilton County Community Corrections shall schedule a time for the participant's release. Participants who are under disciplinary action and have work hours to be completed may be held in the facility by the Director of Supervision Services until 11:59 p.m. or until the work hours are completed.

Participants must owe less than \$500.00 on the day of their release for Hamilton County Community Corrections to extend the courtesy of beginning the release process at 9:00a.m. No courtesy shall be extended for early discharge if the participant is above this amount, and the release process shall begin at 11:00 p.m. on the scheduled release date.

Case Managers shall assist participants with the location of suitable post-release housing options. Participants shall be allowed to search for suitable housing approximately 45 days prior to release, times to be determined by the Case Manager. Specific locations must be provided and documentation given to the Case Manager. A forwarding address and contact number is required regardless of whether or not a participant shall be on any supervision at the time of their release. Refusal to provide this information shall result in the release process beginning at 11:00 p.m. on the scheduled release date. Resource guides are available upon request.

Hamilton County Community Corrections encourages family member involvement in a participant's pending release and continuation of care.

RECREATIONAL PERIODS

1. Recreation is available to participants from 7 a.m. to 10 p.m. daily.
2. Participants shall request times through the Living Unit Coordinator. The Living Unit Coordinator shall advise the participant of available times and electronically reserve their time on the calendar.
3. No more than eight participants may use the recreation area at the same time.
4. Recreation equipment may only be used as intended by the manufacturer.
5. Participants shall use gym wipes to clean the equipment after each use.
6. Personnel shall inspect the recreation area and equipment daily to ensure the area is clean and the equipment remains serviceable.

VENDING FACILITIES

1. Residential participants are given the opportunity to purchase up to three items each evening after the dinner meal has been served from approximately 6:30 p.m. to 7:30 p.m.
2. All vending activities shall be supervised by personnel. No more than one living unit at a time shall be allowed in the vending area. Participants shall be called out to the vending area by the roving Living Unit Coordinator.
3. Personnel supervising vending activities shall ensure that only participants who have vending privileges purchase items from the vending machines. Participants without vending privileges are permitted to purchase only medication and laundry supplies from the vending machines.
4. Participants without vending privileges who have chosen vending privileges as an immediate reward must purchase vending items immediately following the work detail. Personnel granting the immediate reward shall supervise.
5. Participants who have vending privileges and enter the facility or are returning from a treatment/education class after the established vending period has been conducted in the evening shall be permitted to purchase vending items as determined by the Living Unit Coordinator.
6. To request a credit, participants must complete a *Money Lost in Vending Machine* form. The completed form is to be sent to the Bookkeeper who shall then credit the participant's fee account and return the form to the participant indicating that their account has been credited. The form shall be placed in the participant's file.

FAITH-BASED SERVICES

The mission of the Hamilton County Community Corrections Chaplain's Program is to serve the personnel and participants as a supportive, volunteer group of qualified ministers or counselors in matters of personal, marital, and spiritual counseling; to lead worship services; and to assist in matters of spiritual development and support.

Programs provided to the participants

1. Non-denominational worship services as scheduled.
2. Group worship study as scheduled.
3. Individualized worship study.
4. Individual counseling from spiritual to relationship issues. The participant should request to meet with a chaplain for this purpose.
5. Special holiday programs which may include Memorial Day, Thanksgiving, and Christmas.

MEDIA RESOURCE ROOM

1. Media Resource Room #148 shall be available for use by residential participants.
2. Participants shall request Media Resource Room time from the Living Unit Coordinators. Living Unit Coordinators shall advise participants of available times and electronically reserve the selected times on the calendar.
3. Media Resource Room hours are as follows but are subject to change:
Saturday 4p-6p
Monday – Friday 9a-11a
4. Participants must report to the Media Resource Room at the beginning of the reservation period.
5. Participants are responsible to advise a Living Unit Coordinator in advance if a reservation is no longer needed. Failure to do so may result in sanctions.
6. A participant may exit the Media Resource Room when desired. However, he/she shall not be permitted to return to the Media Resource Room during the remainder of that reservation period.
7. Computers shall be made available to participants for employment, resume creation, education, or legal research on a current case. Participants shall not use the computers to create or view any obscene or pornographic material or to perform any illegal activity. Social networking sites are prohibited.
8. Participants shall not save any information on the hard drives of computers in the Media Resource Room, and they shall not alter any internal settings of the computer.
9. Anything created or prepared on the Hamilton County Community Corrections computers are subject to review by Hamilton County Community Corrections.
10. Flash drives shall be made available by the agency for use by the participants. They are issued by the participant's Case Manager and remain the property of Hamilton County Community Corrections. The flash drives must be returned prior to discharge.
11. A participant may have Media Resource Room privileges suspended for failing to follow the rules. Privileges may also be denied due to safety or security issues.

TELEPHONE

All participants shall have limited access to telephones. Telephones in the living units are to be used for all personal calls. Participants shall have access to a non-pay telephone for business-related telephone calls. A TTY telephone is available upon request.

1. All personal telephone calls shall be made from the living unit telephones. Hamilton County Community Corrections has the capability and right to record numbers and conversations from those phones, and certain numbers may be restricted.
2. Telephone calls are not permitted during quiet hours.
3. A participant may make business-related telephone calls on the living unit control area telephone. Business-related calls may include: employment, probation, attorney, and treatment or health providers. Calls shall be arranged with agency personnel, and personnel shall dial the number.
4. Messages shall only be taken for participants for emergencies, employment, or program-related issues.

FUNERAL/HOSPITAL REQUESTS

Requests must be submitted immediately for verification and for paperwork to be completed.

1. Participants must submit a *Restriction Waiver* to their Case Manager for approval.
2. The agency shall only consider requests concerning a participant's immediate family members.
3. Hospital requests shall only be considered under the following circumstances: birth of biological child, life-threatening illness, or major surgery.
4. Requests must be submitted to the participant's Case Manager on a *Restriction Waiver*. Information must include the name of the family member, hospital address and room number, reason for visit, funeral home and burial site names and addresses, exact time of the funeral, and any other pertinent information.

PARKING PERMITS

The following information must be submitted on an *Information Request* to the Operations Manager within 72 hours of intake to obtain a parking permit. Failure to do so may result in the removal of a vehicle, scooter, or bicycle from Hamilton County Community Corrections property.

Vehicle

Provide a copy of the following: valid driver's license, vehicle registration, and insurance card.

Scooter

Provide a copy of the following: Indiana ID card or driver's license and scooter registration

Bicycle

Provide the following information: make, model, color, and serial number

Hamilton County Community Corrections Treatment Program Agreement

1. Participants shall be notified in writing of dates and times of all required treatment/education classes.
2. One excused absence shall be granted for the Thinking for a Change (T4C), Aggression Replacement Training (ART), Employment Behavioral Skills and substance abuse treatment programming. A second absence shall result in a non-compliance being filed.
3. Participants required to participate in Job Readiness must attend all sessions. Any absences from Job Readiness shall result in placement in a future class and possible disciplinary action.
4. Absences from the Financial Management course shall constitute removal from class, possible disciplinary action and placement in a future class.
5. Excused absences shall be handled on a case by case basis for High School Equivalency Program.
6. Participants must notify the Director of Administration of any requests for excused absences.
7. Excused absences shall only be granted under special circumstances as deemed legitimate by the Director of Administration or designee. Special circumstances may include medical emergency, serious illness of children and funerals.
8. Employment related issues are not considered as a legitimate reason for missing class.
9. Participants must provide documentation for approved absences.
10. Instructors are not to excuse participants from class unless a participant is physically ill. The Director of Administration should be notified of any participant removed from class for this reason.
11. Participants with any absence must arrange a time with the instructor to make up required material.
12. Probation Officers, Case Managers and Field Services Coordinators shall be notified of any absences the next business day.
13. Participants are not permitted to take any food or drink item into the classrooms.
14. Participants are not permitted to leave during class for any reason.
15. Participants are to bring all necessary materials to class i.e. pens/pencils, folder/paper/homework.
16. Participants are to complete all homework as assigned.
17. Participants are to follow the department dress code.
18. Participants are to be on time for class; after five minutes the participant will be considered late and not allowed into the classroom.
19. All participants are required to bring and show valid photo identification at the processing desk at check in.
20. Participants that are arriving from outside the facility shall be required to clear a metal detector and are subject to a search of their person and possessions.

My signature below indicates that I have fully read and fully understand all terms of the Hamilton County Community Corrections Treatment Programs.

Printed Name

Signature

Date

Approved RBW 06/28/07
Updated 09/24/10
Updated 04/03/14
Updated 01/06/15
Updated 11/01/16
Updated 6/28/17
Updated 8/22/17

